

WEMMH/SB/21 (4/03)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/629,799	
	Filing Date	July 29, 2003	
	First Named Inventor	Garry R. MARTY	
	Group Art Unit	3753	
	Examiner Name	John A. Rivell	
Total Number of Pages in this Submission	17	Attorney Docket Number	8271-28/ 115-3853-U

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<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached see PTO-2038 form <input checked="" type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure (please identify below) <input type="checkbox"/> Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>James M. Durlacher</i>
Date	September 2, 2005

Certificate of Mailing

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Typed or printed name	James M. Durlacher, Reg. No. 28,840		
Signature	<i>James M. Durlacher</i>	Date	September 2, 2005

WEMMH/S8/17 (12/04)

OMB 0551-0032

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**FEE TRANSMITTAL
FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4918).

☐ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**1,100.00****Complete If Known**

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Attorney Docket Number	8271-28/ 115-3653-U

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None ☐ Other (please identify):☐ Deposit Account: Deposit Account Number

23-3030

Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

See PTO 2038 Form

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION:****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50

25

Multiple dependent claims

200

100

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee

Fee Paid (\$)

22 - 20 or HP = 2 x 50 = (\$)**100**

(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

360

\$ 0

8 - 3 or HP = 5 x 200 = (\$)**1000**

(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

-100 = / 50 = (round up to a whole number) x =

0

4. OTHER FEE(S)

Fee Paid (\$)

Non-English Specification.

0

Other: **Fee to Record Assignment****SUBMITTED BY:**

Name (Print/Type): James M. Durlacher

Registration No.: 28,840

(Attorney/Agent)

Telephone: (317) 634-3456

Signature: James M. Durlacher

Date: September 2, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

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8271-26/JMD/#361827

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SEP 02 2005

In re patent application of:

Garry R. MARTY

Serial No. 10/629,799

Filed July 29, 2003

MULTI-PORT DIVERTER
VALVE ASSEMBLY WITH
INTEGRAL DETENT

)
) Before the Examiner
)
) John A. Rivell
)
) Group Art Unit 3753
)
) September 2, 2005
)
)
)

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September 2, 2005

(Date of Deposit)

James M. Durlacher

Name of Registered Representative



Signature

September 2, 2005

Date of Signature

RESPONSE TO OFFICE ACTIONCommissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated August 1, 2005, please enter the following
amendments and remarks in the above-identified patent application.

Please provide any extensions of time which are required and charge any
additional fees which may be due or credit any overpayments to Deposit Account No. 23-
3030.

09/06/2005 TL0111 00000045 10629799

01 FC:1201

02 FC:1202

1000.00 OP

100.00 OP

Amendment Response

Serial No. 10/629,799 Group Art Unit 3753

Atty. Docker No. 8271-26/ 115-3653-U

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